

# STATE OF NORTH CAROLINA

File No.

County

In The General Court Of Justice  
District Court Division

Name And Address Of Plaintiff

VERSUS

Name And Address Of Defendant

## ORDER ON CHILD CUSTODY MEDIATION

G.S. 50-13.1

Name And Address Of Plaintiff's Attorney

Name And Address Of Defendant's Attorney

This matter involves issues relating to child custody or visitation. The parties are legally required, or have consented, to participate in the court's mediation program for custody and visitation disputes. There ☐ has ☐ has not been a showing of good cause which would allow, or require, the court to waive mediation.

It is ORDERED, pursuant to G.S. 50-13.1, that:

- ☐ 1. The child custody and visitation issues in this case be referred to mediation. The parties are ordered to attend the orientation proceeding at the date, time and location shown below. and then to attend the first mediation session.

**Notice To Parties: If you fail to attend the orientation or first mediation session, you may be held in contempt of court.**

Date Of Hearing

Time Of Hearing

☐ AM ☐ PM

Place Of Hearing

ONLINE MEDIATION ORIENTATION

- ☐ 2. For good cause shown, mediation is waived.
- ☐ 3. A copy of this Order be served on the ☐ plaintiff or plaintiff's attorney.  
☐ defendant or defendant's attorney.
- ☐ 4. Since ☐ plaintiff ☐ defendant was present in court, this Order need not be served on him/her or his/her attorney.

- ☒ 5. Other: Mediation Orientation will be completed online. Each party will be contacted by e-mail with further information on how to complete mediation orientation within 14 days of the entry of this Order. Once each party has completed Orientation, the parties will be notified by e-mail of the date and time of the initial mediation session.

If you do not receive this information, please contact D19A.CustodyMediation@nccourts.org

Date

Name Of Presiding Judge (type or print)

Signature Of Presiding Judge

(Over)

# CERTIFICATION OF SERVICE

I certify that a copy of this Order was served by

☐ depositing a copy enclosed in a postpaid properly addressed wrapper in a post office or official depository under the exclusive care and custody of the U.S. Postal service directed to

☐ defendant.

☐ defendant's attorney.

☐ plaintiff.

☐ plaintiff's attorney.

☐ leaving a copy personally to

☐ defendant.

☐ defendant's attorney.

☐ plaintiff.

☐ plaintiff's attorney.

☐ leaving a copy at the

☐ defendant's attorney's office with a partner or employee.

☐ plaintiff's attorney's office with a partner or employee.

☐ Other \_\_\_\_\_

Date Mailed/Delivered

Signature

Name (type or print)

Title

## REFERRAL INFORMATION

Date Referred: \_\_\_\_\_ File No: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Email Address (required): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Attorney: \_\_\_\_\_ Phone No: \_\_\_\_\_

Attorney Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### CHILD(REN) (involved in this action)

NAME	AGE	DATE OF BIRTH	RESIDES WITH
_____	_____	_____	Mother ( )
_____	_____	_____	Father ( )
_____	_____	_____	Mother ( )
_____	_____	_____	Father ( )
_____	_____	_____	Mother ( )
_____	_____	_____	Father ( )
_____	_____	_____	Mother ( )
_____	_____	_____	Father ( )

Marital Status: \_\_\_\_\_ Married and living together  
\_\_\_\_\_ Unmarried parents  
\_\_\_\_\_ Separated Date: \_\_\_\_\_  
\_\_\_\_\_ Divorced Date: \_\_\_\_\_  
\_\_\_\_\_ Remarried Date: \_\_\_\_\_

Have you ever participated in mediation before? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is domestic violence an issue in this relationship: \_\_\_\_\_ Yes \_\_\_\_\_ No

Is English your primary language? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, primary language spoken \_\_\_\_\_

Request a court approved interpreter? \_\_\_\_\_